

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 04-601363 FILING DATE 01 AUG 2000
APPLICANT(S) / / / /

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	0	↓	↓	↓	↓	↓
TOTAL CLAIMS	1	1	1	1	1	1

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.			
TOTAL DEP.		↓	↓
TOTAL CLAIMS		1	1